DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LIGHTHOUSE II (690080)

Address: 315 SOUTH LINDEN AVENUE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 08/01/1997

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Compliance

Verified

Corrected

Survey ID: 0096889 End Date: 05/08/2006 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION Statement of Deficiency: #10009542

Deficiencies Cited Subject Area

88.04(3) FINANCIAL SECURITY

Survey ID: 0095652 End Date: 09/01/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094424 End Date: 04/01/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009389 Served 04/02/2005

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS04/25/2005Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Corrected

Survey ID: 0091282 End Date: 09/03/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005239 Served 10/18/2003

Deficiencies Cited Subject Area Subject Area Verified

88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS

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P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/10/2006 SOD #10009542 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 04/01/2005 SOD #10009389 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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